

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037379

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9546

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1
2069
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PHILLIS
USE BLACK INK
OR
TYPEWRITER RIBBON

FILED OCT 1 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN

St. Louis.

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP.#1

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4823 Natural Bridge

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First CHARLES

Middle J.

Last BOONE

4. DATE OF DEATH

Month 9

Day 22

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☒

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

9-9-1911

9. AGE (last birthday)

52

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Piggott, Arkansas.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Dan Boone

13b. MOTHER'S MAIDEN NAME

Ella Lusk

14. NAME OF HUSBAND OR WIFE

Rebecca

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No.

Nil.

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Address

Fred Boone, 4823 Natural Bridge,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Rheumatic Heart Disease

DUE TO (c)

4/6x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/20/63

to 9/22/63

and last saw her alive on 9/22/63

Death occurred at 6:30 pm.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard L. Phillis M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

9/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9-23-63

23c. NAME OF CEMETERY OR CREMATORY

Linwood Cemetery

23d. LOCATION (City, town, or county)

Fragould, Arkansas.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.

SEP 24 1963

26. REGISTRAR'S SIGNATURE

Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edward H. Remelius

Licensed Embalmer No.

4283

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.